

Killeline Leisure Centre

Application Form

The information contained in this form is totally confidential and is only used to prescribe a safe and effective training programme for you.

Reasons for joining: Weight Loss Fitness Toning Strength Health
Rehabilitation Children swimming Pool only Other

How did you hear about us: Facebook Friend Past member
News paper Flyer/Poster Other Where

Personal Details:

Office Use Only

New member () Renewal ()

ID Number: _____

Membership type: _____

Start Date: _____

End Date: _____

Amount Paid: _____

Payment Type: _____

Payment Date: _____

Banked Date: _____

Terms & Conditions Given: _____

Staff Signature: _____ Date: _____

Title: Please circle

Mr. Mrs. Ms. Miss Master Dr. Fr.

Name: _____

Address: _____

D.O.B _____

Phone Number: _____

Mobile Number: _____

E – Mail Address: _____

Additional Child	
Name	Date of Birth

Occupation / Job Title: _____ Work Address: _____

Work Phone Number: _____

Student Information	
College Name:	
Student Number:	
Student Card Expiry Date:	
Letter Received:	

Doctor: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Screening Form

Health History Details

Please answer the following questions by ticking the correct response.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have any heart problems?
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of heart disease / stroke in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever experienced pain or discomfort in your chest while exercising? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you suffer from high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any form of illness e.g. asthma, diabetes, epilepsy?
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you presently on any type of medication?
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any type of muscle, joint or back problem?
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had any surgery with the last four months?
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you, or have you been pregnant in the last four months?
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a hernia or any other condition, which may be aggravated by lifting weights
If YES please give details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Ref: Form 1

Issue: 1

**11. Do you have any other condition, which may limit your exercise?
Programme?**

If YES please give details: _____

12. Do you smoke?

13. How often and what type of exercise do you take?

Please give details: _____

Informed Consent

I _____ declare that I intend to take part in the exercise class / programme offered by Killeline Leisure Centre. I am aware that as with all types of exercise there is an inherent risk of heart attack, light-headedness, fainting, cramps, muscle or joint injury etc. I acknowledge that my choice to participate in this exercise brings with it the assumption by me of those risks and I understand that I am free to withdraw from this exercise or modify my activity levels at any time. I assume full responsibility during and after my participation to use or apply at my own risk any portion of the information or instruction that I receive. I understand that Killeline Leisure Centre accepts no responsibility whatsoever for any injuries or death during or after participation in the exercise class / programme.

I agree that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

Signed: _____ **Participant**

Date: _____

Signed: _____ **Staff Member**

Date: _____